



THE SECRETARY FOR HEALTH SERVICES

COMMONWEALTH OF KENTUCKY

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PAUL E. PATTON

GOVERNOR

MARCIA R. MORGAN

SECRETARY

March 21, 2003

Dear Presumptive Eligibility Provider:

New 2003 federal poverty guidelines have been published in the Federal Register and are effective as of April 1, 2003. As you know these guidelines are used to determine if a pregnant woman is eligible for Presumptive Eligibility, so accordingly we have updated our literature. Included with this letter are:

- a) 2003 Presumptive Eligibility Brochure, and
- b) 2003 Presumptive Eligibility Income Worksheet.

Please discard the current versions of these materials and begin using the new materials on April 1, 2003.

Additionally, at the request of our providers, a Spanish language Presumptive Eligibility brochure has been developed. For your convenience both versions of the brochure are available on the Cabinet for Health Services web site at www.chs.state.ky.us/dms under "Services and Information". Should you need additional copies of either brochure or the income worksheet, you may download them from the site and print them out.

Thank you for your participation as a Presumptive Eligibility Provider. Should you have any questions about these changes, you may contact Diane Bellafronto, Care Coordination Program Manager at (502) 564-9444.

Sincerely,

Marcia R. Morgan
Secretary

Enclosure

MRM:db:jl

"...promoting and safeguarding the health and wellness of all Kentuckians."



EQUAL OPPORTUNITY EMPLOYER M/F/D

PRESUMPTIVE ELIGIBILITY (PE) FOR PRENATAL SERVICES



PATIENT INFORMATION

The Cabinet for Health Services
Department for Medicaid Services

CONGRATULATIONS!

Learning that you are to be a mother is exciting and a bit scary. We know you want to do everything you can to be sure your baby enters the world healthy. The Commonwealth of Kentucky believes one of the most important things you can do for yourself and your unborn baby is to get early and regular check-ups with your doctor during your pregnancy.

A process called "Presumptive Eligibility" (or "PE") allows pregnant women who have not yet applied for a medical card to receive temporary (Less than 90 days from the day you receive your PE card) coverage for outpatient prenatal services. Your doctor can arrange for PE coverage while you are in their office.

This brochure will help answer many of your questions about PE. Fill out the form on the back of this brochure and return it to your doctor's office staff. If you qualify, they will issue you a PE card. This will allow you to obtain prenatal services from health care providers who accept Medicaid.

How do I know if I qualify for PE?

You will qualify for PE if:

- ◆ You do not have a medical card for yourself or have not applied for one; and
- ◆ The amount of money you earn or receive each month is less than or equal to the amounts listed below. Ask your doctor's office staff to help you if you are not sure how to figure these amounts:

NUMBER OF PEOPLE IN FAMILY	MONTHLY INCOME AMOUNT (2003 LEVELS*)
2	\$1,869
3	\$2,353
4	\$2,837
5	\$3,321
6	\$3,805
Each additional family member	Add \$485 to the previous monthly income amount

* These amounts change around April of each year.

If you have already applied for PE benefits at another physician's office for this same pregnancy, you are not eligible to apply again.

What prenatal services are paid for through the PE program?

- ◆ Office visits
- ◆ Lab tests
- ◆ X-rays (including ultrasounds)
- ◆ Medicine
- ◆ Dental care
- ◆ Transportation to and from your health care provider's office (if you qualify)
- ◆ Emergency room visits (when necessary)

The PE program will not pay for:

- ◆ Trips to specialists/
- ◆ Surgical or other procedures
- ◆ If you have to be admitted to the hospital.

IT IS VERY IMPORTANT THAT YOU FILE AN APPLICATION FOR THE FULL MEDICAID BENEFIT PACKAGE WITH YOUR LOCAL DEPARTMENT FOR COMMUNITY BASED SERVICES (DCBS) OFFICE AS SOON AS POSSIBLE.

What Will Regular Medicaid Cover?

In addition to the prenatal services offered through the PE program, Medicaid will pay for trips to specialists, hospital stays (including your hospital stay when you have your baby) and other procedures. The closest DCBS office in your county is:

(Print local DCBS office address)

(Phone number)

Please take the following items with you when you visit the DCBS office:

- ◆ The PE card that your doctor's office will print for you
- ◆ You and your family's social security numbers.
- ◆ A letter from your doctor saying you are pregnant and the date your baby is due.
- ◆ Proof of your income.

What if I have problems or need more information?

You may reach Medicaid at: **800/635-2570**

For persons with TTY/TDD equipment only:
800/775-0296

PRESUMPTIVE ELIGIBILITY- PATIENT INFORMATION FORM

PLEASE COMPLETE

Your Social Security Number:

Today's Date

Date of Birth:

Age:

Your Name:

Last Name

First Name

Middle Initial

Do you receive Medicaid?

☐ Yes

☐ No

Your Address:

Street address

Apt/building number

City

State

Zip

County

Telephone Numbers:

Home Telephone Number

Work Telephone Number

Marital Status (check one):

- ☐ Married ☐ Widowed ☐ Separated ☐ Divorced

Race:

- ☐ White ☐ Asian ☐ Black ☐ Other ☐ American Indian

The information below needs to be completed by your provider.

EDC:

Confirmation number: _____

COMPLETE INFORMATION ON BACK OF THIS FORM

THIS FORM WILL BE KEPT BY YOUR HEALTH CARE PROVIDER IN YOUR MEDICAL RECORD. FEEL FREE TO ASK FOR A COPY.

PRESUMPTIVE ELIGIBILITY PATIENT INFORMATION FORM

NUMBER OF PEOPLE IN MY FAMILY:

(count 2 for yourself)

FAMILY INCOME (use separate sheet if necessary)

	Family member's name	Income Type*	How Much?*	How Often?
1				
2				
3				
4				
	TOTAL MONTHLY INCOME:			

*Possible income types include: hourly wages, salary, overtime pay, tips, bonus pay, Social Security payments, disability, pensions, child support, alimony, cash gifts, and annuities. If income is from a paycheck, indicate employer's name & address below.

** Before taxes

EMPLOYER INFORMATION – complete only if income is from wages.

Line #	Employer name	Employer address

OTHER INSURANCE

Do you have other insurance that covers doctor's visits or hospital services? ☐ Yes ☐ No

If "Yes"

Name of insurance co.

Policy no.

Group no.

I certify, under penalty of perjury, the information provided by me in this statement is correct and true to the best of my knowledge. I understand that anyone who gives false information in order to receive benefits, or lets someone else use their PE card or abuses PE benefits is subject to criminal action under federal law, state law or both or may be liable for repaying in cash the value of the benefits received.

Signature

Date signed

SUMMARY OF PRENATAL SERVICES COVERED UNDER "PE"

- ♦ Office visits to the health care providers listed below
- ♦ Medicine prescribed by your doctor during your pregnancy
- ♦ Lab work or x-rays (including ultrasounds) ordered by your doctor
- ♦ Transportation (non-emergency and emergency)
- ♦ Emergency Room visits (if necessary)
- ♦ Local Health Department Services
- ♦ Visits to your dentist

WHICH HEALTH CARE PROVIDERS CAN PROVIDE CARE UNDER "PE"?

- ♦ Doctors who practice the specialties of: internal medicine, general practice, family practice, OB/GYN and pediatrics
- ♦ Nurse practitioners and nurse midwives
- ♦ Providers practicing at primary care or rural health centers
- ♦ Doctors and nurses at the health department
- ♦ Labs
- ♦ X-ray centers
- ♦ Dentists
- ♦ Hospital emergency rooms
- ♦ Ambulances and other transportation providers

Providers must be enrolled in Kentucky's Medicaid program in order to provide PE services.

Printed with state funds
02/03

PRESUMPTIVE ELIGIBILITY - INCOME WORKSHEET

PATIENT NAME: _____ AGE: _____

FAMILY MEMBERS IN HOUSEHOLD:

_____	_____
_____	_____
_____	_____
_____	_____

TOTAL # OF FAMILY MEMBERS IN HOUSEHOLD:

2003* FINANCIAL CRITERIA:

FAMILY SIZE	MONTHLY INCOME AMOUNT (BEFORE TAXES)
2	\$1,869
3	\$2,353
4	\$2,837
5	\$3,321
6	\$3,805
Each Additional Family Member	Add \$485 to the previous monthly income amount

* Criteria will be updated on an annual basis (generally April of each year)

WHEN CALCULATING FAMILY SIZE:

COUNT:	DO NOT COUNT:
<ul style="list-style-type: none"> Expectant mother Unborn child (if expecting more than one child, count each expected unborn child, e.g., twins = 2, triplets = 3) Other dependent children living with expectant mother Expectant mother's spouse If expectant mother is under 21 & living with parents, count parents and siblings under 19 	<ul style="list-style-type: none"> Father of child - if he & expectant mother are not married Any dependent children not living in the home with expectant mother Step-parent(s) or in-law(s) if expectant mother is under 21 & living with step-parents or in-law(s)

WHEN CALCULATING MONTHLY INCOME AMOUNT

DO:	DO NOT:
<ul style="list-style-type: none"> Derive Monthly Payroll Amounts by: Multiplying weekly income by 4.33 Multiplying bi-weekly income (paid every two weeks) by 2.16 Count income of: Expectant mother Expectant mother's spouse Parents' income (if expectant mother is under 21 & living with parents) Include other income sources, such as social security, disability, pensions, child support, alimony, cash gifts, interest and annuities 	<ul style="list-style-type: none"> Count income of any dependent children (whether or not they live in the home with expectant mother) Count income of step-parent(s) or in-law(s) if expectant mother is under 21 & living with step-parents or in-laws

INCOME:

WHO	TYPE OF INCOME	HOW MUCH?						MULTIPLIERS		MONTHLY SUBTOTAL
		Per Hour	X Hrs./Wk	\$ Per Wk.	\$ Every 2 Wks	Per Month	Per Year	Weekly	Bi-Weekly	
								4.33	2.16	
								4.33	2.16	
								4.33	2.16	
								4.33	2.16	
								4.33	2.16	
								4.33	2.16	
MONTHLY TOTAL										

ELIGIBLE? ☐ YES ☐ NO